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# *Bulletin on Current Literature*

The monthly bibliography for  
workers with the handicapped

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*The* NATIONAL SOCIETY  
for  
CRIPPLED CHILDREN and Adults, Inc.  
11 SO. LA SALLE ST., CHICAGO 3, ILL.  
THE EASTER SEAL AGENCY



# HELP CRIPPLED CHILDREN

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

**EDUCATION** of the public, professional workers and parents.

**RESEARCH** to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

**DIRECT SERVICES** to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

1952





APHASIA—MEDICAL TREATMENT

1. Smith, S.

Restoration of speech in severe aphasia by intravenous and oral priscol, by S. Smith and E. C. Turton. Brit. Med. J. Oct. 13, 1951. 4736:891-892.

Report of a case of severe aphasia in a man of 55 who showed a mixed type of aphasia, mostly motor, with almost complete agraphia. Perseveration in speech was pronounced. The case is of interest "because of the temporary but extraordinary efficiency of 'priscol' (tolazoline), and because, although many papers have emphasized the value of priscol in peripheral vascular states, none has been concerned with the effect of the drug on the cerebrovascular system...."

ARCHITECTURE (DOMESTIC)

2. Muller, Henrik

Bostader for vanfora. (Stockholm) Svenska Vanforevardens Centralkommittee (1951). 56 p. illus.

Title in English: Houses for cripples.

The Swedish Central Committee for the Care of Cripples offers instructions for building dwellings for invalids who have completely or partially lost the movement of their lower extremities. Kitchens and baths were tested for the most appropriate size, shape and arrangement to fit the needs of the handicapped. Recommendations are made concerning type of house, location and size, and the planning and construction of lines of communication both inside and outside the house. Text is in Swedish with a summary in English. Text to illustrations and drawings is in English.

ARTHRITIS

3. Steindler, Arthur

Arthritic deformities of the wrist and fingers. J. Bone and Joint Surgery. October, 1951. 33-A:4:849-862.

Prevention and treatment of contractures of the wrist and fingers by arthritis can be accomplished by splinting, manipulative treatment, and operation. The author believes that the solution to the problem lies not so much in the further development of operative methods as in a refinement of conservative indications and conservative treatment.

AUDIO-VISUAL AIDS—DIRECTORIES

4. American Hearing Society

Films on hearing and speech, Hearing News. Nov., 1951. 19:11:7-16.

Data on 16mm films in the field of hearing and speech have been compiled by the American Hearing Society. Films are annotated with sources listed where they may be obtained either on a purchase or rental basis. Included is a directory of agencies that distribute or lend films.

5. U. S. Office of Education

A directory of 2002 16mm film libraries, by Seerley Reid and Anita Carpenter. Washington, Govt. Print. Off., 1951. 113 p. (Bul. 1951, no. 11)

"This Directory of 16mm film libraries has been compiled for the use of teachers, school administrators, librarians, community leaders, and others who use or wish to use motion pictures in their educational and informational programs. It is a revision and an expansion of the Office of Education publication, A Directory of 897 16mm Film Libraries, which was prepared and issued 2 years ago...."

## AUDIO-VISUAL AIDS—DIRECTORIES (Continued)

Libraries are listed alphabetically by State and city; their resources and services are briefly annotated as to the number and nature of films in each and special restrictions (if any) on the distribution and use of the films.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 30¢ a copy.

## BLIND—EMPLOYMENT—GT. BRIT.

### 6. Gt. Brit. Ministry of Labour and National Service.

Training and employment of blind persons in Great Britain. Internat. Labour Rev. Aug.-Sept., 1951. 64:2-3:233-240.

A summary of the report of the Working Party, set up by the British Minister of Labour and National Service in 1944 to study ways and means of developing the employment facilities available to the blind. Published in 1951 it presents particulars of the various aspects of the problem—rehabilitation, training and placement. (see #412, Bulletin on Current Literature, June 1951).

## BLIND—ETIOLOGY

### 7. M & R Laboratories.

Retrolental fibroplasia conference held at Bellevue Medical Center, New York City, April 28, 1951, under the chairmanship of L. Emmett Holt, Jr. Columbus, The Laboratories (c1951). 65 p. illus.

The Conference covered discussions of the developmental anatomy of the eye, pathology, incidence, and etiology of retrolental fibroplasia, ACTH and cortisone therapy used in various hospital programs. Plans for the organization of a cooperative survey for the compilation of geographical incidence, for the standardization of report forms, for group investigation of therapeutic procedures, for intensive investigation of the etiology and general pathological physiology of the disease, and the instituting of a broad research program on experimental animals, were made.

Distributed by M & R Laboratories, Columbus 16, Ohio.

## BLIND—OCCUPATIONAL THERAPY

### 8. Driver, Muriel F.

Training of the newly blinded. Canadian J. Occupational Therapy. Sept., 1951. 18:3:91-93.

An occupational therapist outlines a rehabilitation training program for the newly blinded. Self-help and independence in the essentials of daily living are of paramount importance. His recreational needs are met through the study of Braille, through participation in sports and social games. Typing can be taught the blind as a substitute for writing. Consideration should also be given the mental health of the patient. The therapist has a far greater duty than just the teaching of a craft.

## BLIND—PROGRAMS

### 9. American Foundation for the Blind..

Blindness in America; who are the blind, why are they blind, what are their needs, where is their place in the community. New York, The Foundation (1951). 16 p.

Published for the purpose of giving a short, factual picture of the blind and work for the blind during 1951 in the United States, this booklet discusses the prevalence and causes of blindness, education of the young blind, reading and literature, rehabilitation of the adult blind, public assistance and federal provisions, aids for mobility, the war blinded, those with multiple handicaps and concludes with a list of the agencies serving the blind.

Available from the American Foundation for the Blind, 15 W. 16th St., New York 11, N.Y.

BLIND—SOCIAL SERVICE

10. Hill, Beth Eaton

Social treatment of the young blind child. Social Casework. Nov., 1951. 32:9:381-388.

"...This discussion is primarily concerned with the function of the medical social caseworker in the field of the pre-school blind. It is based on experience with 206 retrolental fibroplasia children who have received service from the Social Service Department of the Massachusetts Eye and Ear Infirmary. One hundred eleven children have been under active social treatment and the parents of 94 other children have been interviewed on a consultation basis...." A study of the resources in the community which were available to meet the early needs of parents with a blind child was undertaken; since most agencies for the blind stress the educational approach to the young blind child, few are organized to give individualized casework service.

BLIND—SPECIAL EDUCATION

11. Scholl, Geraldine

How a school for the blind reports to parents. Elementary School J. Nov., 1951. 52:3:153-156.

The Michigan School for the Blind changed its system of reporting on the child's progress in school from the standard report card to a personal letter type of report. Details of the system are described; the plan has worked very satisfactorily both for parents and teachers.

12. U. S. Office of Education.

Education of visually handicapped children; the blind, the partially seeing, by Romaine Mackie. Washington, Govt., Print. Off., 1951. 46 p. illus. (Bulletin 1951, no. 20)

"This bulletin has been written in the hope that it will help to meet the need for information on the broader aspects of an all-round program for visually handicapped children in school. Some of the material was prepared with the special school or class in mind, but teachers of regular classes in which one or more visually handicapped children are enrolled will be able to adapt the information given and the procedures described to meet the needs of their own pupils...."

Available from U. S. Superintendent of Documents. Washington 25, D.C., at 20¢ a copy.

BRAIN INJURIES—PARENT EDUCATION

See 76.

BURNS

13. Brown, James Barrett

Treatment of burns by James Barrett Brown and Minot P. Fryer. J. Missouri State Med. Assn. Dec., 1951. 48:12:973-981.

The authors give what is thought to be the best possible treatment for burns; contractures are amenable to operation—techniques are described. "Possible first aid for treatment of burns on a disaster scale and military is outlined, including those burns of atomic origin."

CEREBRAL PALSY

14. Connecticut. State Department of Health.

Cerebral palsy. (Hartford, Conn., The Dept., 1951.) 19 p. illus.

## CEREBRAL PALSY (Continued)

Published originally in three separate issues of the Connecticut Health Bulletin, this pamphlet has been adapted from a series by Louis Speker, M.D., Chief of the Division of Crippled Children of the Connecticut State Department of Health. Information covers incidence, causes and symptoms, treatment and prognosis, as well as the community aspects of the crippling—education, medical services, public health nursing, social services, and care of the severely handicapped incapable of self-care.

Distributed by the State Department of Health, Hartford, Conn.

15. Crothers, Bronson

Clinical aspects of cerebral palsy; life history of the disease. Med. Women's J. May-June, 1951. 58:3:19-24.

Reprinted from International Record of Medicine. 164:6. June, 1951.

The specific problem of cerebral palsy, as seen by the author, is related to the development of the handicapped child; the earlier the damage to the brain, the more likely it is to be associated with striking anomalies of the nervous system. The ability of the child to adapt socially is discussed; case histories are cited to illustrate adjustment. Family attitudes are taken into consideration with a view towards independence for the cerebral palsied child at maturity. Unless a valid and satisfactory way of life at maturity is attained, all the muscle training, operations, and special education are of limited value, the author feels.

16. Pool, Champe Clark

A synopsis of the basic factors of cerebral palsy, by Champe Clark Pool and J. George Furey. Pa. Med. J. Oct., 1951. 54:10:960-165.

"This article...was written to give a background of the basic factors which are necessary to approach intelligently the clinical management of these patients...." Classification of the type of cerebral palsy, the authors feel, is important; they discuss etiology and pathology and the comparative values of methods of management in the various types.

See also 77.

## CEREBRAL PALSY—MEDICAL TREATMENT

17. Krynauw, Rowland A.

Infantile hemiplegia treated by removing one cerebral hemisphere. J. Neurology, Neurosurgery and Psychiatry. 1950. 13:243-267. Reprint.

Histories of twelve cases of infantile hemiplegia in which hemispherectomy has been employed are given in this article. Epilepsy and mental changes, either singly or in combination, were regarded as indicating need for the operation. Results show a post-operative return of motor power with lessening of spasticity and clumsiness and marked improvement in personality, behavior, and mentality. There was one death in the series; the age at time of operation ranged from 8 months to 21 years. The choice of a wide range of age groups was used to gain as much knowledge as possible of the physiological, neurological, and psychological adjustments after so large a part of the brain had been removed.

## CEREBRAL PALSY—PARENT EDUCATION

18. Butterfield, Roger

How America lives: lesson in love. Ladies' Home J. Dec., 1951. 68:12: 143-146, 154-158.

The story of 12 year old Diane MacDonald and how her parents' attitude toward helping her gain self-dependence has been successful. Mrs. MacDonald is publicity chairman for the Bergen County, New Jersey, Cerebral Palsy League. The work of the League and the building of their clinic is described.

## CEREBRAL PALSY—PSYCHOLOGICAL TESTS

### 19. Dolphin, Jane E.

Visuo-motor perception in children with cerebral palsy, by Jane E. Dolphin and William Cruickshank. Quart. J. Child Behavior. Apr., 1951. 3:2:198-209. Reprint.

One of a series of papers being prepared by the authors on various aspects of perception in cerebral palsied children, this paper deals with visuo-motor activity in perception. Thirty cerebral palsied children were matched with a group of equal number of physically normal children; Marble Board tests were administered. "...From the statistical and clinical evidence it may be observed that the cerebral palsy children differ from the normal children in their method of approach to a problem....It is evident...that the background was a distracting element and constantly interfered with the construction of the mosaic patterns by the cerebral palsy children...."

## CHILDREN'S LITERATURE

### 20. Heinl, Stella S.

A library project to determine suitability of books for recreational reading of primary grades in the Illinois School for the Deaf, Jacksonville, Illinois. Am. Annals of the Deaf. Sept., 1951. 96:4:447-466.

In need of a suitable list of books for children of the first and second grades at the Illinois School for the Deaf, the Library of that institution conducted a book test with children in its own school. Children trained by the acoustic, the oral, and the manual method evaluated the books in a recreational reading program. Not only was the test valuable in developing a liking for reading but it provided a reliable buying list for primary grades; the same method will be employed on a third grade level. The book list is given with notations supplied by teachers and pupils and an indication of the department in which the book was tested.

## CONGENITAL DEFECT—ETIOLOGY

### 21. Fraser, F. Clarke

Causes of congenital defects, a review, by F. Clarke Fraser and T. D. Fainstat. Am. J. Diseases Children. Nov., 1951. 82:5:593-603.

"Etiological factors in the production of congenital defects are discussed. Some congenital malformations are clearly associated with changes at single gene loci. Others have a clear-cut environmental causation. A third group appears to be the result of an interaction between certain environmental factors, so far poorly defined, and particular genetic constitutions. Cases from each of these groups may be clinically indistinguishable. A survey of the literature reviews the wide variety of environmental agents which, when applied to pregnant animals, will cause congenital defects in the offspring. ...In general, the incidence and type of defect varies with the agent used, its dosage, the stage of gestation at which it is applied, and the genetic constitution of the animal involved."—Authors' Summary.

## DEAF

See 4:78.

## DEAF—BIBLIOGRAPHY

### 22. Doctor, Powrie Vaux

A guide to literature in journals, proceedings, indexes, and abstracts on the education and welfare of the deaf. Am. Annals of the Deaf. Sept., 1951. 96:4:432-446.

## DEAF--BIBLIOGRAPHY (Continued)

This brief guide to the literature on the education of the deaf in the United States is broken down into three parts: 1) a brief survey of the history from 1817 to the present day; 2) a notation of the main primary sources of bibliographical material; 3) a commentary on trends in the education of the deaf. The latter is based on the author's five years' work preparing an Index for the Annals from 1915 to 1945.

## DEAF--MENTAL HYGIENE

### 23. Podolsky, Edward

Emotional problems of the hard of hearing. Eye, Ear, Nose and Throat Monthly. Nov., 1951. 30:11:596-597. Reprint.

Emotional problems of the deaf, such as anxiety in crowds, social insecurity, difficulty of communication, and the sublimation of aggressive drives, are discussed. The author points out, for the philosophically minded, the compensating assets of deafness and the methods of modern science used effectively in treating the deaf.

## DEAF--PARENT EDUCATION

### 24. Flaxman, Ethel

Your child is deaf, by Ethel and George Flaxman. Springfield, Ill., State Dept. Public Instruction, 1951. 16 p.

This is the story of parents who met the problem of having a deaf child; resources of aid to them are described--the Volta Bureau, the John Tracy Clinic, the Illinois School for the Deaf, and the Mother's Institute held annually at the School for mothers and their pre-school deaf children. Basic principles of raising a deaf child were learned as much through practical knowledge of and experience with children.

Available from the Illinois Superintendent of Public Instruction, State Capitol, Springfield, Illinois.

## DEAF--SPECIAL EDUCATION

See 20.

## DENTAL SERVICES

### 25. Kessler, Howard E.

You have a responsibility about the speech of your young dental patients. Dental Survey. Aug., 1951. 27:8:1095-1097. Reprint.

The dentist plays an important part in helping to correct speech defects in children by treating cases of cleft palate and malocclusion. The general causes of speech disorders are reviewed. Neglected teeth can be a psychological factor in producing speech defects; when properly repaired, the teeth are no longer a source of the embarrassment which previously caused the child to mumble.

## DISCIPLINE

### 26. Bakwin, Harry

Discipline in children, by Harry Bakwin and Ruth M. Bakwin. J. Pediatrics. Nov., 1951. 39:5:623-634.

A discussion for parents on the need for, and problems of, disciplining children from infancy through adolescence. Changes in prevailing ideas of discipline have resulted in some confusion which the authors aim to dispel. The value of rewards and punishment are discussed and undesirable techniques of discipline listed.

#### EMPLOYMENT

27. Baker, Louise

Rehabilitation and elimination of prejudice will give handicapped chance they seek. Ill. Labor Bul. Sept.-Oct., 1951. 12:3-4:9.

A plea for acceptance of the handicapped, for the contribution he can make vocationally, for more wide-spread rehabilitation, education and "selling" of the abilities of the handicapped, and for the elimination of prejudice, is made by the author, herself an amputee.

#### EPILEPSY—MEDICAL TREATMENT

28. Ives, Elinor R.

Comparison of efficacy of various drugs in treatment of epilepsy. J. Am. Med. Assn. December 1, 1951. 147:14:1332-1335.

From 1,064 charts reviewed in the Los Angeles General Hospital outpatient clinic, only 212 were found to be suitable for this study. Ages of the patients ranged from less than 1 year to 80 years, with over one-half between the ages of 21 and 50. One-quarter were under 21. Length of time seizures had been experienced ranged from less than one year to over 62; one-quarter of the patients had seizures for 15 years or more, and more than one-half, over 6 years. Seizures were classified as to type; drugs tested were phenobarbital, mephobarbital, trimethadione, methylphenylethyl hydantoin, amphetamine, and "nuvarone," an experimental drug. In the series 27 patients took only one anti-convulsant and 33 took over five. Results are discussed and the effectiveness of the drugs evaluated.

#### EPILEPSY—PSYCHOLOGICAL TESTS

29. Zimmerman, Frederic T.

Intellectual and emotional makeup of the epileptic, by Frederic T. Zimmerman, Bessie B. Burgemeister, and Tracy J. Putnam. Archives Neurology and Psychiatry. May, 1951. 65:5:545-556. Reprint.

"The material on which the study of the relation of epilepsy, intelligence and personality is based consists of 300 case records from the Neurological Institute, Columbia-Presbyterian Medical Center. The cases represent equal proportions of private and ward patients admitted to the hospital for observation and study....As a further check, a small series of patients from Vanderbilt Clinic was added....Two hundred of our patients were adults. One hundred were children and adolescents....Our findings indicate that a relationship exists between the degree of disturbance in conscious awareness and the adequacy of mental functioning in groups of epileptic patients...."

#### GOODWILL INDUSTRIES

30. Jeffrey, Jeanne

A sheltered workshop, as observed at the Goodwill Industries of Detroit. Canadian J. Occupational Therapy. Sept., 1951. 18:3:84-86.

The sheltered workshop program of the Goodwill Industries of Detroit is discussed, demonstrating how the economic, social and physical needs of its 250 employees are being met.

#### HAND

31. Irwin, Charles E.

Surgical rehabilitation of the hand and forearm disabled by poliomyelitis by C. E. Irwin and D. L. Eyler. J. Bone and Joint Surgery. October, 1951. 33-A:4:825-835.

A discussion of types of deformity of the hand resulting from poliomyelitis and their surgical treatment. Illustrated are splints found helpful in the convalescent stage of the disease.

See also 3.

#### HANDICAPPED—PROGRAMS—MICHIGAN

32. Wadell, Jessie F.

Michigan looks toward coordinating its work for crippled children; physical and occupational therapists meet with other professional workers to discuss joint problems, by Jessie F. Waddell and Mary A. Blair. Child. Nov., 1951. 16:3:37-39, 44.

A report of conferences sponsored by the Michigan Crippled Children's Commission for joint meetings of physical and occupational therapists during which ways and means of making services to the handicapped more effective were discussed. Areas of service considered were the use and training of volunteers, more work with the homebound, closer cooperation of personnel, improved follow-up of cases, parent education, recruiting new students in the fields of therapy and establishing scholarships for that purpose, and acceptance of responsibility in orthopedic schools. The plan of these conferences, it is felt, could be adapted to the particular needs of other states.

#### HEALTH EDUCATION

See 79; 82.

#### HEART DISEASE—PROGRAMS

33. Doster, Mildred

Management of children with heart disease; the Denver Public School health program. J. School Health. Nov., 1951. 21:9:301-307.

Under the Denver Public Schools' comprehensive health service program, a Rheumatic Fever Diagnostic Service was incorporated in 1944. Organization, administration, and financial responsibility of the Clinic is described. Special education facilities for these cardiac patients are provided under the plan.

#### HEMIPLEGIA—MEDICAL TREATMENT

34. Benton, Joseph G.

Objective evaluation of physical and drug therapy in the rehabilitation of the hemiplegic patient; I. A study of dihydroergocornine (DHO-180), by Joseph G. Benton, Henry Brown, and Seymour H. Rinzler. Am. Heart J. Nov., 1951. 42:5:719-732.

"...Twenty patients with hemiplegia of acute or chronic duration were studied, the acute stage being arbitrarily considered as a period up to two weeks after the initial cerebrovascular insult. Acute cases were selected from admissions to the wards of the Fourth Medical Division of Bellevue Hospital....The study was limited to hemiplegia resulting from cerebral thrombosis or embolism....The favorable influence of a formal program of rehabilitation on the prognosis in the hemiplegic patient with regard to return of function and the development of self-sufficiency in the activities essential to daily life is demonstrated....The present study was undertaken to determine the effect of the combined use of Dihydroergocornine and physical therapy on the time-course of rehabilitation of the hemiplegic patient as compared with placebo and physical therapeutic means...."

See also 17; 46.

#### HOBBIES

35. Okagaki, Ellen Yoshi

Nature in the hospital recreation program, by Ellen Yoshi Okagaki, Howard Ronning, and Willie Harper. Newsletter, Am. Recreation Society, Hospital Recreation Section. Sept., 1951. p. 2-7.

## HOBBIES (Continued)

As hobbies for the bedfast or hospitalized patient, a variety of activities in a nature program adaptable to their mental and physical needs is described. Directions for carrying out the activities are included. The growing of herbs, gardens in dishes or window boxes, bird feeding stations, astronomy, the study of trees and weather, birds, animals, insects, flowers, rocks and minerals, and outdoor cookery are among the ideas suggested.

## HOMEBOUND—SPECIAL EDUCATION

See 40.

## HOSPITAL SCHOOLS

See 49; 57.

## LARYNGECTOMY

### 36. Gardner, Warren H.

Rehabilitation after laryngectomy. Public Health Nursing. Nov., 1951. 43:11:612-615, 647.

Establishing esophageal speech in the laryngectomee is the most immediate goal in his rehabilitation. The procedures of operation are explained and speech training programs outlined. Of help to the esophageal speaker is the Lost Chord Club, organized by the Cleveland Hearing and Speech Center to provide social situations where the patient may try out his speaking among others similarly situated. Clubs of a like nature have also been formed in New York City and Columbus, Ohio.

## MENTAL DEFECTIVES—MENTAL HYGIENE

### 37. Heiser, Karl F.

Psychotherapy for the mentally retarded child. Training School Bul. Oct., 1951. 48:6:111-119.

The author relates case histories to show how some problems of mentally deficient children have been met by the use of psychotherapy. Where the mental retardation is physical or organic in nature, it cannot be cured by psychotherapy, but often the child can, through such treatment, be brought to attain his maximum intellectual level.

## MENTAL DEFECTIVES—PARENT EDUCATION

### 38. Sampson, Alan H.

The development of the National Association of Parents and Friends of Mentally Retarded Children. Training School Bul. Oct., 1951. 48:6:120-122.

With the founding and growth of the National Association of Parents and Friends of Mentally Retarded Children, public knowledge of and interest in the problems of the retarded child have increased. The author, president of the organization, sees parents groups filling a long felt need.

## MENTAL DEFECTIVES—PROGRAMS—DIRECTORIES

### 39. New Jersey. Division of Classification and Education.

Handbook of state services for mentally deficient in the United States, by Lloyd N. Yepsen. Trenton, The Division (1951). 13 p. Planographed.

"This handbook was developed out of a need for a compilation of properly identified services for the mentally deficient. It is limited to the services at the state level and identifies: A) Person responsible administratively for institutional services for the mentally deficient. B) Person, at state level, to whom persons should be referred for information regarding admission. C) Person, at state level, to be contacted regarding home investigations and supervision of the mentally retarded. Also are given (1) the number of private schools for the mentally retarded and (2) the names and addresses of the executive officers of state schools and institutions for the mentally deficient...." Alphabetical listing by states.

MENTAL DEFECTIVES--PROGRAMS--DIRECTORIES (Continued)

Available from N. J. Division of Classification and Education, State Department of Institutions and Agencies, Trenton, N. J.

MENTAL DEFECTIVES--SPECIAL EDUCATION

40. Cianci, Vincentz

Home training for retarded children in New Jersey. Training School Bul. Nov., 1951. 48:7:131-139.

Because statistics show that only one tenth of the total population of the mentally deficient can be cared for in state institutions, home training is a necessity. New Jersey, in 1943, started such a community program, educational in scope and emphasizing child training and parent education. The work of the home teacher and the results of the program are described; it has been made evident, however, that home training alone cannot solve the problem of mental deficiency. Classes or day centers for children of school age and sheltered group activities for the older retarded individual are greatly needed.

41. Van Meter, Ruby

What a public school can do for the retarded child. Educational Bul., Iowa Dept. Public Instruction. Oct., 1951. 23:2:3-4.

Building the personal traits of the retarded child so that he may live happily and effectively in his environment is the chief responsibility of the public school in this area of special education, the author feels. The work done in the Des Moines schools by the Dept. of Pupil Adjustment is discussed—parent education and participation in P.T.A. activities, adjustment of students and opportunities for participation in non-academic activities. Included is an excerpt from a study by Howard L. Blanchard, Director of Vocational Guidance, "The Abilities and Interests of a Group of 179 Des Moines High School Boys and Girls with I.Q. Scores of 80 and Below," as yet unpublished, the summary of which evaluates the social competency area of the special education program in Des Moines secondary schools.

MULTIPLE SCLEROSIS--PSYCHOLOGICAL TESTS

42. Canter, Aaron Herman

Direct and indirect measures of psychological deficit in multiple sclerosis. J. General Psychology. 1951. 44:3-25, 27-50. 2 pts.

Dissertation (Ph.D.)—Columbia University, 1949.

"...The general purpose of this investigation is to study the relationship of various measures of psychological deficit; specifically, to compare the direct and indirect methods of measurement and to analyze the character of the intellectual changes in multiple sclerosis...." The author reviews the literature, and limits his study to an investigation of deficit in intellectual functioning. "...Well-known and standardized psychometric techniques which cover a wide range of abilities and utilizes them for both direct and indirect measurement of deficit" were used. The use of patients with multiple sclerosis may have significant implications for other conditions where deficit is manifested. The experimental group consisted of a group of 47 veterans being treated on an out-patient basis for multiple sclerosis in the Veterans Administration Mental Hygiene Clinic in Brooklyn and New York. All members of the group were male whites, with the exception of one female and one Negro. Tests utilized are reviewed and procedures explained. In Part II results are presented and evaluated. In conclusion implications for further research are explained and an extensive bibliography given.

#### MYASTHENIA GRAVIS

43. Clagett, O. Theron

Myasthenia gravis: 1., medical and surgical treatment, by O. Theron Clagett; 2., nursing care, by Gladys E. Greiling. Am. J. Nursing. 51:11: 654-657.

Surgical and non-surgical treatment of myasthenia gravis are compared and given are conclusions drawn from a study, reported in the Journal of the American Medical Association, April 1, 1950, in which 72 patients who underwent surgery of the thymus gland were compared with 142 patients treated by non-surgical means. Preoperative and postoperative care for surgical patients is explained in the second article.

#### OBESITY

44. Armstrong, Donald B.

Obesity and its relation to health and disease, by Donald Armstrong (and others). J. Am. Med. Assn. Nov. 10, 1951. 147:11:1007-1014.

"...It is our purpose in this paper to show the influence of obesity on morbidity, mortality, and prognosis, to point out some of the present limitations of our knowledge about weight reduction, and to indicate ways in which the practicing physician can utilize weight control as a tangible approach to preventive medicine in the adult population...."

In same issue: "Present status of obesity problem," by Clifford J. Barborka.

#### OLD AGE

45. American Medical Association

Symposium on aging. J. Am. Med. Assn. Dec. 1, 1951. 147:14:1323-1331.

Consists of papers read before the Section on Preventive and Industrial Medicine and Public Health at the One Hundredth Annual Session of the American Medical Association, Atlantic City, June 14, 1951.

Contents: Training the overage employee for retirement, Phil N. Scheid.- Sociological aspects of aging, Ollie A. Randall.-An orientation of the problems of aging, Robert A. Moore, M.D.-Industrial medical aspects of aging, S. Charles Franco, M.D.-Psychiatric aspects of aging, Leonard E. Himler, M.D.

#### PARAPLEGIA

See 75; 80.

#### PHYSICAL EFFICIENCY

46. Rinzler, Seymour H.

A method for the objective evaluation of physical and drug therapy in the rehabilitation of hemiplegic patient, by Seymour H. Rinzler, Henry Brown, and Joseph G. Benton. Am. Heart J. Nov., 1951. 42:5:710-718.

"This report describes an objective technique, established to study the effect of physical therapeutic and rehabilitation techniques on the time-course of rehabilitation in the subject with hemiplegia as the result of cerebrovascular accident. In addition, it can be used to screen the effects of drugs on this clinical entity....The method incorporates serial determinations of performance of activities of daily living, passive range of motion and muscle strength and, in addition, the 'double-blind' method of drug or placebo medication with comparable controls."

#### PHYSICAL MEDICINE

47. Piersol, George Morris

The present obligation of physical medicine and rehabilitation; chairman's address. J. Am. Med. Assn. Nov. 17, 1951. 147:12:1093-1096.

## PHYSICAL MEDICINE (Continued)

The present status of physical medicine is reviewed and the need for more trained personnel in this field stressed. While the teaching of physical medicine in undergraduate schools has expanded, it should be integrated with other subjects throughout the undergraduate years and made a requisite part of an acceptable internship program. The author feels that enthusiasm, however, for this field is lacking among the medical profession in spite of the advantages inherent in modern physical medicine.

## POLIOMYELITIS--BIOGRAPHY

See 81.

## POLIOMYELITIS--MEDICAL TREATMENT

### 48. American Academy of Pediatrics

Providing complete medical care in epidemic poliomyelitis; a symposium. Pediatrics. November, 1951. 8:5:723-729.

Presented at the Annual meeting, Chicago, Oct. 16-19, 1950.

The following papers are abstracted: The treatment of acute poliomyelitis, Philip M. Stimson, M.D.--The patient in relation to complete medical care in poliomyelitis, William T. Green, M.D.--Providing complete medical care in poliomyelitis, Moir P. Tanner.--Home care for poliomyelitis patients, Emil D. W. Hauser, M.D.--Indiana's poliomyelitis planning committee, Leroy E. Burney, M.D.--The national aspects in providing complete medical care in poliomyelitis, Kenneth S. Landauer, M.D.

See also 31.

## PSYCHOLOGICAL TESTS

### 49. Donofrio, Anthony F.

A study of crippled children in an orthopedic hospital school. Exceptional Children. Nov., 1951. 18:2:33-38.

Subjects for this study were white boys and girls numbering 139 and 131 respectively; all were hospitalized at the St. Charles Orthopedic hospital school, near New York City. About 32 different kinds of disease or crippling condition were counted among them. Intelligence and emotional adjustment were tested and the subjects classified as to severity of crippling. Results of tests are summarized and discussed; the author found a lack of significant differences between these crippled children and the normal population in the aspects studied.

"This paper is based on a doctoral thesis submitted to the New York University School of Education in 1948."

## PSYCHOLOGY

### 50. Garrett, James F.

Motivation and rehabilitation, by James F. Garrett and Julian S. Meyers. Occupational Therapy and Rehabilitation. Oct., 1951. 30:5:296-299. Reprint.

In this discussion of the process of motivating the disabled person in a total rehabilitation program, negative attitudes of the patient and how they may be overcome are described. Sources of assistance in solving practical problems of an economic nature are given and the proper setting of goals is outlined.

### 51. Neufeld, Irvin

Outline of teleo-psychological principles in rehabilitation of physically handicapped persons. Individual Psychology Bul. 1951. 9:2:47-69. Reprint.

## PSYCHOLOGY (Continued)

To help the rehabilitator understand the problems frequently encountered in rehabilitation work, the author has discussed the psycho-dynamics of somatic disabilities and how psychic problems may be overcome. How post-rehabilitation aspects, as viewed by the rehabilitant, influence the patient's attitudes and behavior during rehabilitation is pointed out. For optimum rehabilitation, all four areas—physical, psychic, cultural, and economic—must be integrated.

## PUBLIC WELFARE AND PRIVATE AGENCY RELATIONS

### 52. Hance, Eva

The community looks at public welfare from the private social welfare agency point of view. Public Welfare. November, 1951. 9:9:206-207.

Private and public welfare agencies, working together, can achieve what they could not by working separately. The field of private welfare is organized around limited areas; new needs can be explored, better ways of meeting these needs demonstrated, and acceptance of responsibility by the community brought about through services rendered by private agencies. The goal of public welfare is to provide sound administration, leadership, qualified personnel, interpretation, responsiveness to change, and social casework.

## REFUGEES

### 53. Acton, Norman

Resettlement of the physically handicapped. J. Rehabilitation. Nov.-Dec., 1951. 17:6:14-16.

Cooperating with the International Refugee Organization, public and private welfare agencies in the United States have provided rehabilitation services for disabled displaced persons made homeless by the war. Results of the program have been gratifying.

## REHABILITATION

### 54. Kessler, Harry

Physical medicine and rehabilitation. Military Surgeon. Nov., 1951. 109:5:628-635.

Agency and hospital programs of rehabilitation and physical medicine include various therapies here described. A Medical Rehabilitation Board composed of a physician, psychiatrist, social service worker, physical, corrective, and occupational therapists, vocational advisor, training officer, psychologist and orthopedist, works as a team, making recommendations to assist and guide the patient. Such a Board is used in the program carried out by the Veterans Administration; the cost of facilities is repaid many times over in decreased costs of maintaining patients as public charges.

See also 47; 50; 51.

## REHABILITATION—JAPAN

### 55. Japan, Ministry of Health and Welfare. Children's Bureau.

Services for crippled children in Japan. (Tokyo) The Bureau, 1951. 4 p.

Briefly reviewing the historical background of work with crippled children in Japan and giving data on the extent of the problem, this article then outlines the current program, emphasizing the need for more mobile clinics, early casefinding, and a training program for personnel.

## REHABILITATION—PERSONNEL

### 56. Whitehouse, Frederick A.

Teamwork—a democracy of professions. Exceptional Children. Nov., 1951. 18:2:45-52.

#### REHABILITATION--PERSONNEL

The author, director of vocational rehabilitation in the Institute for the Crippled and Disabled, New York City, discusses the factors hindering teamwork in rehabilitation work--uncooperativeness of professional people, narrow areas of experience, the adoption of unrealistic goals, the assumption that treatment should be centered around one particular profession, lack of democratic administration and good personnel practices. Through an awareness of the functional area and limitations of each science and the application of teamwork, the problems of the rehabilitation center can be worked out.

#### RHEUMATIC FEVER--SPECIAL EDUCATION--GREAT BRITAIN

57. Proudlove, Winifred M.

Education in the rheumatic hospital school. Special Schools J. July & October, 1951. 11:3 & 4. 2 pts.

An article in two parts describing Ash House Rheumatic Hospital School, Sheffield, England. Part I gives statistics on age-range and medical diagnosis as to type of rheumatic involvement. Treatment, function, and problems encountered in the special education of the cardiac patient are outlined. Part II discusses methods used in teaching, the curriculum, needs of the hospital school, a typical school day, and various approaches to subject matter. Attention to the emotional needs of the child in the school program and the value of the work from an educational and personal standpoint are explained.

#### RIDING

58. Sayers, W. J. Hastings

Riding for the disabled. Brit. Med. J. October 27, 1951. 4738:1030.

A letter to the Journal offers information on types of horse saddles adapted to the use of persons with infirmities or artificial limbs. Each case would require consideration of disability, riding experience and mount.

#### SCHOOL HYGIENE

See 33; 79; 82.

#### SHELTERED WORKSHOPS

See 30.

#### SHOES

59. David, Elliot

Matches for misfits. R.N. Nov., 1951. 15:2:46-47.

Operating as a registry for persons who wear mismated shoes or only one shoe, Ruth Rubin's National Odd Shoe Exchange is her hobby. From her own personal problem came the idea of helping people solve their shoe worries.

Readers interested in this service should address inquiries to Miss Ruth C. Rubin, National Shoe Exchange, 1419-B Ocean Front, Santa Monica, Calif.

#### SOCIAL SERVICE--CASEWORK

60. Hakenen, C. Arthur

The social casework approach in rehabilitation. J. Rehabilitation. Nov.-Dec., 1951. 17:6:3-7.

Staff members of the Saginaw, Michigan, District Office of Vocational Rehabilitation, made a study of the various areas of social work, to discover what implications they might have in the rehabilitation field. The advantages of interviewing, casework, and case recording for rehabilitation counselors became apparent; techniques may need adaptation and modification to fit the program of a particular agency, but such additional information as these techniques bring is an aid in making more constructive the work of the agency.

SOCIAL SERVICE—PERSONNEL

61. Moscrop, Martha

The question of the untrained experienced staff member. Public Welfare. November, 1951. 9:9:202-205, 218.

The author, Training Supervisor of the Department of Health and Welfare in British Columbia, defines some of the problems to be met when the public welfare department employs professionally trained social workers. Questions of seniority among older, non-professional workers, feelings of inferiority because of lack of education, in-service training, responses to changes in administration are dealt with from a background of experience. The older worker lacking formal education in social work should be given the opportunity to acquire such training.

SOCIAL SERVICE (MEDICAL)

62. Frank, Maxwell S.

Social service joins the team to round out an effective child-care program, by Maxwell S. Frank and Freda B. Goldfeld. Modern Hospital. December, 1951. 77:6:70-72.

Beth Israel Hospital, New York City, is a voluntary hospital for the scientific study and treatment of acute and long-term illnesses of children; with a reorganized social service department, it offers help in social problems in several pilot child-care projects. Four such programs are now in operation and their organization and procedures are described. In the clinics serving the mentally retarded child, the psychiatric clinic for children, the cardiac clinic and the allergy service, a teamwork approach to the problems is utilized; specialists in varied fields are on hand to study the child as a whole and to aid parents in understanding the situation.

SPECIAL EDUCATION—TEXAS

63. Texas. Texas Education Agency.

A guide for organizing and providing special education for exceptional children. Austin, Tex., The Agency, 1951. 73 p. (Bulletin 520) Planographed.

The classroom teacher of exceptional children will find in this bulletin much useful information on providing more adequate classroom facilities for all types of exceptional children, those with deficient vision, speech disorders, crippled children. There are suggestions for both teacher and parent, bibliographies of material to further understanding of the handicapped and of material for use in supplementing classwork. The development of special education in Texas is outlined and the plan for organizing and providing such education is discussed.

Available from the Texas Education Agency, Austin, Texas.

SPEECH CORRECTION

64. Platt, James H.

Speech disorders and counseling. Occupations. Nov., 1951. 30:2:102-105.

In discussing speech disorders, of functional and organic types, the relation of psychological disturbances on speech must be considered. Close cooperation between the speech pathologist and counselor can result in more adequate adjustment of the individual. Such a plan has been put into effect at Michigan State College and is very briefly described.

65. Van Riper, Charles

Helping children talk better. Chicago, Science Research Associates, Inc., 1951. 49 p. illus.

#### SPEECH CORRECTION (Continued)

How parents can teach children to talk correctly, habits to be avoided, speech defects and how to handle them, and where to seek professional advice are discussed in this booklet for both parents and teachers.

Available from Science Research Associates, 57 West Grand Ave., Chicago 10, Ill., at 40¢ a copy.

See also 4; 25.

#### SPEECH CORRECTION—INSTITUTIONS—OHIO

##### 66. Fortune, George J.

A community welfare agency and a university cooperating in a speech and hearing program. Am. J. Public Health. Nov., 1951. 41:11:1390-1394.

By combining services, the Cleveland Hearing Center and the Speech Clinic of Western Reserve University, operating as the Cleveland Hearing and Speech Center, has proved the value of community health facilities working with the university to provide a program of therapy, rehabilitation and recreation, teacher training, public education and research. Both to the community and to the university, the program has proved less costly and more efficient than each acting independently.

#### SURGERY (PLASTIC)

##### 67. Smith, Leroy

Using the resources of plastic surgery. J. Rehabilitation. Nov.-Dec., 1951. 17:6:8-9, 26-27.

"...Patients for plastic surgery for rehabilitation fall into two groups: (1) those that are handicapped because their deformity makes them unfit for society, and (2) those who have functional impairments...." Paraplegics and those with cleft palate speech defects are discussed. "Background and basis of this discussion is the writer's participation in the vocational rehabilitation program of the state of Virginia, as a member of the medical advisory committee, also a board member in plastic surgery."

#### TUBERCULOSIS—SOCIAL SERVICE

##### 68. U. S. Public Health Service

Medical social service in a tuberculosis sanatorium, by Pauline Miller. Washington, Govt. Print. Off., 1951. 41 p. (Public Health Service publication no. 133)

Reprinted from Public Health Reports. Aug. 3 and Sept. 7, 1951. 66:31 & 36.

This pamphlet discusses the psychological and economic aspects of tuberculosis upon the patient, his family and his relatives. The medical social worker, with the knowledge of community resources which aid such people, helps to work out solutions to the problems; case histories are used to illustrate how financial difficulties are met, with a subsequent easing of psychological anxieties.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

#### TYPING

##### 69. Hossfield, George

One hand touch typewriting for the left hand. West Englewood, N. J., The Author, 1947. 11 p. Mimeo.

Introduction: One hand touch typewriting.

## TYPING (Continued)

A text by a professional champion typist, outlining a course for those handicapped by having the use of only one hand. While not a complete course, it does teach the fundamentals and basic theory of one hand touch typewriting. A chart is supplied showing fingering plans for both right and left hand; the book follows standard typing manuals in providing drill material.

Available from George L. Hossfield, 1310 Hudson Road, West Englewood, N. J., at \$1.00 a copy, or for \$1.75 with the companion title listed below (see #72).

### 70. Hossfield, George

One hand touch typewriting for the right hand. West Englewood, N. J., The Author, 1947. 11 p. Mimeo.

A companion volume to "One Hand Touch Typewriting for the Left Hand," this book follows the same plan, the only difference being that drill material is provided for right hand positioning.

## VETERANS (DISABLED)—RECREATION

### 71. U. S. Veterans Administration.

Recreation service. Washington, The Administration, 1951. 63 p. illus. (Veterans Administration manual M6-4)

"This manual is published for the guidance of employees of the VA in Central Office, hospitals, and domiciliaries, who participate in the planning and operation of the Recreation program. The manual includes policies, procedures, and information regarding the technicalities of providing effective recreation service and instructions for the preparation of reports....While the major purpose is to present the broad principles governing the operation of the program, to establish guide posts, and to point general direction, it leaves to the ingenuity of recreation personnel a reasonable margin of choice and resourcefulness in planning, organizing and executing the program...."

Distributed by U.S. Veterans Administration, Washington 25, D. C.

### 72. U. S. Veterans Administration

Special service recreation service. Washington (Govt. Print. Off.) 1951. 16 p. illus. (VA pamphlet 6-3)

Diversified activities of the Veterans Administration recreational program include adapted sports, such entertainment as radio, the theater, and television, group recreation (card games, parties, social and square dancing, hobby clubs, creative writing and discussion groups, arts and crafts), and motion pictures. Music plays a large part in the recreation program geared to psychiatric needs. The booklet outlines each phase of the program briefly.

Distributed by U. S. Veterans Administration, Washington 25, D. C.

## VOCATIONAL GUIDANCE

See 64.

## VOLUNTEER WORKERS

### 73. Alexander, Geraldne

"Whatta we do today?" Tenn. Public Welfare Record. Nov., 1951. 14:11:186-189.

A successful daily recreation program, providing individual attention to those children needing it in the T. C. Thompson Children's Hospital, Chattanooga, is developed with the aid of volunteer workers.

### 74. Dauncey, Helen M.

Using volunteers in a recreation program. Recreation. December, 1951. 45:7:390-391.

## VOLUNTEER WORKERS (Continued)

Miss Dauncey, who serves on the training staff of the National Recreation Association, outlines the basic principles involved in the selection and use of volunteer workers. Suggestions for recruiting workers are given and a list of do's and don't's for the trained staff to follow in working with the volunteer included. Volunteers are classified into two types, according to aptitudes, skills, and personality and the services each group can render.

## WALKING

### 75. Hoberman, Morton

Rehabilitation techniques with braces and crutches: II., by Morton Hoberman and Erbert F. Cicenica. Occupational Therapy and Rehabilitation. Oct., 1951. 30:5:282-295.

Activities involved in ascending and descending stairs (with handrail) and curbs are presented here in detail with illustrations for the training of the paraplegic patient. Several methods are described for adapting the most appropriate techniques to various situations. Part I of this article appeared in the Aug., 1951, issue of Occupational Therapy and Rehabilitation and was annotated in Bulletin on Current Literature, October, 1951.

## NEW BOOKS

## BRAIN INJURIES—PARENT EDUCATION

### 76. Lewis, Richard S.

The other child, the brain-injured child; a book for parents and laymen, by Richard S. Lewis with Alfred A. Strauss and Laura E. Lehtinen. New York, Grune & Stratton, 1951. 108 p. \$2.50.

"The Other Child explains what a brain-injured child is, his psychopathology, what his management and education should be. It is written for the layman in non-technical terms, but from a background of successful professional work enlightened by personal experience. Since every individual differs in many ways from his fellows, this book cannot give detailed prescriptions and formulas, but it can give facts and indicate directions, and its message is clear and to the point. It may be read with profit not only by parents but by teachers, social workers, and all those who take an interest in children and in the impact of 'otherness' on both the affected individual and society...." The discussion deals only with the brain-injured child who is not seriously impaired in the motor areas or crippled, who is in the age group of after infancy and up to pubescence. The purpose of this book is to show what can be done, and not necessarily why it should be done.

## CEREBRAL PALSY

### 77. Lunning, Ester

Kan en "spastiker" laere at klare sig selv; hjaelp til selvhjaelp for børn med spastiske lammelser (cerebral parese). København, H. Hirschsprungs Forlag, 1951. 142 p. illus. Paperbound.

A review in Danish of what cerebral palsy is and what can be done in treating it. The author, a physical therapist, worked and studied 1½ years in the United States, a recipient of a scholarship for specialized training in cerebral palsy granted by the National Society for Crippled Children and Adults.

Available from H. Hirschsprungs Forlag, Badstuestraede 15, Copenhagen, Denmark, at 12.50 Kronen a copy.

DEAF

78. Browd, Victor L.

The new way to better hearing through hearing reeducation. New York, Crown Publishers, Inc., c1951. 226 p. illus. \$3.00.

"Dr. Victor Browd has achieved eminence as an otologist and teacher in the field of hearing disorders and his system of Hearing Reeducation has won recognition among professional colleagues...." In this book the reader will find all material required to understand the basic problems of hearing disorders and their solution; Dr. Browd has included a series of demonstrations and charts and a hearing disability questionnaire which define and show graphically each person's specific disability. In clear, simple instructions complete programs for all types of hearing impairment are presented in the Hearing Reeducation system. The book is intended for physicians, otologist, audiologists, and other professionals of the hearing field as well as for the patient.

HEALTH EDUCATION

79. Patterson, Raymond S.

Community health education in action, by Raymond S. Patterson and Beryl J. Roberts. St. Louis, C. V. Mosby Co., 1951. 346 p. illus. \$4.50.

In easy readable style the essential information needed for organizing community health education is given. Practical suggestions for employing various media—direct mail, annual reports, health literature, moving pictures, exhibits, radio, television, and newspapers—will be of help to the health officer on a limited budget, the nurse, or sanitarian, office personnel, and voluntary agency worker. Methods for handling problems of administration and appraisal of programs are described. Although the school health instruction program is not discussed, in the appendices will be found chapters devoted to the county and state health departments and the voluntary agency.

PARAPLEGIA

80. Frost, Robert

Handbook for paraplegics and quadriplegics, (by Alma and Robert Frost). Tarrytown, N. Y., The Author, 1951. 57 p. Paperbound.

Presenting new material as well as important articles already published for the paraplegic and quadriplegic, this handbook will be of help to them and to their families in providing home care. Listed and described are basic equipment for home use and details of daily home care, principles of bracing, daily activities (illustrated) and time required for achievement, suggestions on diet, care of pressure sores. Also included are sections on education, employment and a suggested social program. For the family's use, methods of assisting the paraplegic patient are outlined, with descriptions of homemade equipment and useful gadgets. For aid in locating equipment a source list of suppliers (by state and town) is supplied; for rehabilitation assistance the handbook lists state agencies and a partial list of civilian rehabilitation centers, as well as Veterans hospitals caring for the paraplegic. The concluding bibliography lists pamphlets, books, articles and available films.

Distributed by Robert Frost, Inc., 66 Crest Drive, Tarrytown, N. Y., at \$2.00 a copy.

POLIOMYELITIS—BIOGRAPHY

81. Walker, Turnley

Journey together. New York, David McKay Co., c1951. 144 p. \$2.50.

POLIOMYELITIS--BIOGRAPHY (Continued)

The author of Rise up and walk, a minor classic of illness in which he tells of his shattering experience with polio in a hospital ward, writes of his return, in this book, to the outside world and his family. He relates his private struggles with fear, both psychic and physical, of resuming life among friends and strangers and the very real fear of the body-shaking falls of the post-polio. Mr. Walker's journey takes him to Warm Springs, Georgia, and then to California in his own automobile with special hand controls. This story of his adjustment is also the story of his wife and family who accompany him.

SCHOOL HYGIENE

82. American Association of School Administrators.

Health in schools. Rev. ed., 1951. Washington, The Assn., 1951. 477 p. illus. (Twentieth yearbook) \$4.00.

"...Although drawing freely upon the content of the original yearbook, the present volume presents new materials and emphases....Stress is placed upon mental health as a necessary part of the complete school health program which deals with the whole child. The approach used is to indicate how instructional methods, environmental conditions, and human relationships may make or mar the wholesome emotional life of the individual child rather than to emphasize the technical interests of the psychiatrist....The 1942 year-book and this revised edition have been designed primarily for school administrators. For this reason the amount of space given to classroom activities in health education is less than that given to organization, personnel, and other administrative problems...." A chapter is devoted to special education, the health needs of the handicapped, the blind and partially seeing, the slow learner, the feeble-minded, the deaf and hard of hearing, those with crippling defects and with speech defects and disorders. Sources and resources of aid in health work are given.



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